

PART B - FEE(S) TRANSMITTAL

FEB 14 2005

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Diane L. Hetzler	(Depositor's name)
<i>Diane L. Hetzler</i>	(Signature)
3/14/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/677,451	10/02/2003	Mikhail Fedor Gordeev	1170.US1	9020

TITLE OF INVENTION: ANTIMICROBIAL [3.1.0.] BICYCLIC OXAZOLIDINONE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAMEEM, GOLAM M	1626	514-372000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	John H. Engelmann 1 _____ Robert N. Young 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PHARMACIA & UPJOHN COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kalamazoo, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

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Robert N. Young

Date

2-14-05

Typed or printed name

48,412

Registration No.

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